

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

America's Health Insurance Plans PAC (America's Health Insurance Plans PAC)

ADDRESS (number and street)

601 Pennsylvania Avenue, NW

South Building, Suite 500

Check if different  
than previously  
reported. (ACC)

Washington

DC

20004

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00106740

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☒ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Tavner, Marilyn, B., ,

Type or Print Name of Treasurer

Signature of Treasurer

Tavner, Marilyn, B., ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

America's Health Insurance Plans PAC (America's Health Insurance Plans PAC)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
03 / 01 / 2017 To: M M / D D / Y Y Y Y Y Y  
03 / 31 / 2017

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2017</span>		<span style="border: 1px solid black; padding: 2px;">51355.78</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">45212.90</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">9197.78</span>	<span style="border: 1px solid black; padding: 2px;">23054.90</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">54410.68</span>	<span style="border: 1px solid black; padding: 2px;">74410.68</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">26000.00</span>	<span style="border: 1px solid black; padding: 2px;">46000.00</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">28410.68</span>	<span style="border: 1px solid black; padding: 2px;">28410.68</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

America's Health Insurance Plans PAC (America's Health Insurance Plans PAC)

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		0	1		2	0	1	7		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		3	1		2	0	1	7		

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3576.82	8211.32
(ii) Unitemized .....	620.96	4843.58
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	4197.78	13054.90
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	9197.78	23054.90
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	9197.78	23054.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	9197.78	23054.90

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	26000.00	46000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	26000.00	46000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26000.00	46000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	9197.78	23054.90
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9197.78	23054.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 21

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**America's Health Insurance Plans PAC (America's Health Insurance Plans PAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Allen, Jeremy, , ,**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City  
Washington

State  
DC

Zip Code  
20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
America's Health Insurance Plans

Occupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 10 / 2017

**Transaction ID : 2017031510133-2**

Amount of Each Receipt this Period

115.38

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Allen, Jeremy, , ,**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City  
Washington

State  
DC

Zip Code  
20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Americas Health Insurance Plans

Occupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 24 / 2017

**Transaction ID : 20170321141335-2**

Amount of Each Receipt this Period

115.38

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Amontree, Tom, , ,**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City  
Washington

State  
DC

Zip Code  
20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
America's Health Insurance Plans

Occupation (for Individual)  
Executive Vice President, Business Aff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 10 / 2017

**Transaction ID : 2017031510133-3**

Amount of Each Receipt this Period

192.30

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

423.06

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

America's Health Insurance Plans PAC (America's Health Insurance Plans PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Amontree, Tom, , ,**
 Mailing Address 601 Pennsylvania Avenue N.W.  
 Suite 500, South Building

 City  
 Washington

 State  
 DC

 Zip Code  
 20004

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)

America's Health Insurance Plans

Occupation (for Individual)

Executive Vice President, Business Aff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 03 / 24 / 2017

Transaction ID : 20170321141335-3

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Berry, Catherine, , ,**
 Mailing Address 601 Pennsylvania Avenue N.W.  
 Suite 500, South Building

 City  
 Washington

 State  
 DC

 Zip Code  
 20004

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 Americas Health Insurance Plans

Occupation (for Individual)

Senior Vice President Clinical Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 03 / 10 / 2017

Transaction ID : 2017031510133-4

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Berry, Catherine, , ,**
 Mailing Address 601 Pennsylvania Avenue N.W.  
 Suite 500, South Building

 City  
 Washington

 State  
 DC

 Zip Code  
 20004

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 Americas Health Insurance Plans

Occupation (for Individual)

Senior Vice President Clinical Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 03 / 24 / 2017

Transaction ID : 20170321141335-4

Amount of Each Receipt this Period

192.30

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

576.90

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

America's Health Insurance Plans PAC (America's Health Insurance Plans PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bricker, Dianne, , ,

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City  
Washington

State  
DC

Zip Code  
20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
America's Health Insurance Plans

Occupation (for Individual)  
Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 24 / 2017

Transaction ID : 20170321141335-5

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Callanan, Kathleen, , ,

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City  
Washington

State  
DC

Zip Code  
20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
America's Health Insurance Plans

Occupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 10 / 2017

Transaction ID : 2017031510133-6

Amount of Each Receipt this Period

76.92

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Callanan, Kathleen, , ,

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City  
Washington

State  
DC

Zip Code  
20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
America's Health Insurance Plans

Occupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 24 / 2017

Transaction ID : 20170321141335-6

Amount of Each Receipt this Period

76.92

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

192.30

TOTAL This Period (last page this line number only).....▶



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
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 Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

America's Health Insurance Plans PAC (America's Health Insurance Plans PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cashdollar, Winthrop, , ,**
 Mailing Address 601 Pennsylvania Avenue N.W.  
 Suite 500, South Building

 City  
 Washington

 State  
 DC

 Zip Code  
 20004

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 America's Health Insurance Plans

 Occupation (for Individual)  
 Executive Director Product Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 03 / 10 / 2017

Transaction ID : 2017031510133-8

Amount of Each Receipt this Period

57.69

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cashdollar, Winthrop, , ,**
 Mailing Address 601 Pennsylvania Avenue N.W.  
 Suite 500, South Building

 City  
 Washington

 State  
 DC

 Zip Code  
 20004

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 America's Health Insurance Plans

 Occupation (for Individual)  
 Executive Director Product Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 03 / 24 / 2017

Transaction ID : 20170321141335-8

Amount of Each Receipt this Period

57.69

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Chanatry, Yvonne, , ,**
 Mailing Address 601 Pennsylvania Avenue N.W.  
 Suite 500, South Building

 City  
 Washington

 State  
 DC

 Zip Code  
 20004

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 America's Health Insurance Plans

 Occupation (for Individual)  
 Vice President, Marketing and Graphics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

576.96

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 03 / 10 / 2017

Transaction ID : 2017031510133-9

Amount of Each Receipt this Period

96.16

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

211.54

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 21

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**America's Health Insurance Plans PAC (America's Health Insurance Plans PAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Chanatry, Yvonne, , ,**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City  
Washington

State  
DC

Zip Code  
20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
America's Health Insurance Plans

Occupation (for Individual)  
Vice President, Marketing and Graphics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.96

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 24 / 2017

**Transaction ID : 20170321141335-9**

Amount of Each Receipt this Period

96.16

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dean, Gregory, , ,**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City  
Washington

State  
DC

Zip Code  
20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
America's Health Insurance Plans

Occupation (for Individual)  
Executive Director Insurance Educator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 10 / 2017

**Transaction ID : 2017031510133-10**

Amount of Each Receipt this Period

57.69

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dean, Gregory, , ,**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City  
Washington

State  
DC

Zip Code  
20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
America's Health Insurance Plans

Occupation (for Individual)  
Executive Director Insurance Education

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 24 / 2017

**Transaction ID : 20170321141335-10**

Amount of Each Receipt this Period

57.69

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

211.54

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 21  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**America's Health Insurance Plans PAC (America's Health Insurance Plans PAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gallaher, Candy, , ,**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City  
Washington

State  
DC

Zip Code  
20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
America's Health Insurance Plans

Occupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

MM / DD / YYYY  
03 / 24 / 2017

**Transaction ID : 20170321141335-12**

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gierer, Greg, , ,**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City  
Washington

State  
DC

Zip Code  
20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
America's Health Insurance Plans

Occupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.58

Date of Receipt

MM / DD / YYYY  
03 / 10 / 2017

**Transaction ID : 2017031510133-14**

Amount of Each Receipt this Period

76.93

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gierer, Greg, , ,**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City  
Washington

State  
DC

Zip Code  
20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
America's Health Insurance Plans

Occupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

461.58

Date of Receipt

MM / DD / YYYY  
03 / 24 / 2017

**Transaction ID : 20170321141335-14**

Amount of Each Receipt this Period

76.93

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

192.32

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 21

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**America's Health Insurance Plans PAC (America's Health Insurance Plans PAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hamelburg, Mark, , ,**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City  
Washington

State  
DC

Zip Code  
20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
America's Health Insurance Plans

Occupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

03 / 10 / 2017

**Transaction ID : 2017031510133-15**

Amount of Each Receipt this Period

115.38

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hamelburg, Mark, , ,**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City  
Washington

State  
DC

Zip Code  
20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
America's Health Insurance Plans

Occupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

03 / 24 / 2017

**Transaction ID : 20170321141335-15**

Amount of Each Receipt this Period

115.38

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Khalid, Aryana, , ,**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City  
Washington

State  
DC

Zip Code  
20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
America's Health Insurance Plans

Occupation (for Individual)  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

03 / 10 / 2017

**Transaction ID : 2017031510133-19**

Amount of Each Receipt this Period

192.30

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

423.06

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

America's Health Insurance Plans PAC (America's Health Insurance Plans PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Khalid, Aryana, , ,

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City  
Washington

State  
DC

Zip Code  
20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
America's Health Insurance Plans

Occupation (for Individual)  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 24 / 2017

Transaction ID : 20170321141335-18

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kuntz, Crystal, , ,

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City  
Washington

State  
DC

Zip Code  
20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
America's Health Insurance Plans

Occupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 10 / 2017

Transaction ID : 2017031510133-20

Amount of Each Receipt this Period

76.92

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kuntz, Crystal, , ,

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City  
Washington

State  
DC

Zip Code  
20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
America's Health Insurance Plans

Occupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 24 / 2017

Transaction ID : 20170321141335-19

Amount of Each Receipt this Period

76.92

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

346.14

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 21  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**America's Health Insurance Plans PAC (America's Health Insurance Plans PAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lawrence, Courtney, , ,**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City  
Washington

State  
DC

Zip Code  
20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
America's Health Insurance Plans

Occupation (for Individual)  
Vice President, Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 10 / 2017

**Transaction ID : 2017031510133-21**

Amount of Each Receipt this Period

76.92

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lawrence, Courtney, , ,**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City  
Washington

State  
DC

Zip Code  
20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
America's Health Insurance Plans

Occupation (for Individual)  
Vice President, Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 24 / 2017

**Transaction ID : 20170321141335-20**

Amount of Each Receipt this Period

76.92

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Miller, Julie, , ,**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City  
Washington

State  
DC

Zip Code  
20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
America's Health Insurance Plans

Occupation (for Individual)  
Senior Associate Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 10 / 2017

**Transaction ID : 2017031510133-27**

Amount of Each Receipt this Period

57.69

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

211.53

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**America's Health Insurance Plans PAC (America's Health Insurance Plans PAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Miller, Julie, , ,**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City  
Washington

State  
DC

Zip Code  
20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
America's Health Insurance Plans

Occupation (for Individual)  
Senior Associate Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 24 / 2017

**Transaction ID : 20170321141335-26**

Amount of Each Receipt this Period

57.69

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Perron, Jay, , ,**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City  
Washington

State  
DC

Zip Code  
20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
America's Health Insurance Plans

Occupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 10 / 2017

**Transaction ID : 2017031510133-30**

Amount of Each Receipt this Period

76.92

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Perron, Jay, , ,**

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City  
Washington

State  
DC

Zip Code  
20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
America's Health Insurance Plans

Occupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 24 / 2017

**Transaction ID : 20170321141335-29**

Amount of Each Receipt this Period

76.92

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

211.53



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

America's Health Insurance Plans PAC (America's Health Insurance Plans PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Shreve, Lisa, , ,

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City  
Washington

State  
DC

Zip Code  
20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
America's Health Insurance Plans

Occupation (for Individual)  
Senior Vice President, Professional Pr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 24 / 2017

Transaction ID : 20170321141335-32

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Tavenner, Marilyn, , ,

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City  
Washington

State  
DC

Zip Code  
20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Americas Health Insurance Plans

Occupation (for Individual)  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 10 / 2017

Transaction ID : 2017031510133-35

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Tavenner, Marilyn, , ,

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City  
Washington

State  
DC

Zip Code  
20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Americas Health Insurance Plans

Occupation (for Individual)  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 24 / 2017

Transaction ID : 20170321141335-34

Amount of Each Receipt this Period

192.30

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

423.06

TOTAL This Period (last page this line number only).....▶



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 17 OF 21  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**America's Health Insurance Plans PAC (America's Health Insurance Plans PAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Van Koevering, Mark, , ,**Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South BuildingCity  
WashingtonState  
DCZip Code  
20004FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
America's Health Insurance PlansOccupation (for Individual)  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2017

**Transaction ID : 2017031510133-37**

Amount of Each Receipt this Period

76.92

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Van Koevering, Mark, , ,**Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South BuildingCity  
WashingtonState  
DCZip Code  
20004FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
America's Health Insurance PlansOccupation (for Individual)  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	24	/	2017

**Transaction ID : 20170321141335-36**

Amount of Each Receipt this Period

76.92

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

153.84

**TOTAL** This Period (last page this line number only).....▶

3576.82

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 21

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**America's Health Insurance Plans PAC (America's Health Insurance Plans PAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Anthem, Inc. Political Action Committee (ANTHEM PAC)**

Mailing Address 120 Monument Circle

City  
Indianapolis

State  
IN

Zip Code  
46204

FEC ID number of contributing  
federal political committee.

**C** C00197228

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**03** / **29** / **2017**

**Transaction ID : 3C5A207F242F4E3D8F3B**

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5000.00

5000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**America's Health Insurance Plans PAC (America's Health Insurance Plans PAC)**

Full Name (Last, First, Middle Initial)

**A. Bera For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2017

Mailing Address PO Box 582496

City  
Elk GroveState  
CAZip Code  
95758Purpose of Disbursement  
2018 Primary

011

Candidate Name

**Bera, Amerish, B., ,**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA

District: 07

FEC Identification Number

C C00461061

**Transaction ID : 14309D53BC!**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Bill Nelson For U S Senate**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2017

Mailing Address 972 W Whitmire Drive

City  
MelbourneState  
FLZip Code  
32935Purpose of Disbursement  
2018 Primary

011

Candidate Name

**Nelson, Bill, , ,**Category/  
Type

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL

District:

FEC Identification Number

C C00344051

**Transaction ID : B2405667E76**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CHC BOLD PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2017

Mailing Address PO Box 75357

City  
WashingtonState  
DCZip Code  
20013Purpose of Disbursement  
2017 Contribution

011

Candidate Name

**CHC BOLD PAC**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2017

☐ Primary ☐ General  
☒ Other (specify) ▼

State:

District:

Contribution

FEC Identification Number

C C00365536

**Transaction ID : 3C4DEDBE1!**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

12000.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**America's Health Insurance Plans PAC (America's Health Insurance Plans PAC)**

Full Name (Last, First, Middle Initial)

**A. Chuck Fleischmann For Congress Committee, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2017

Mailing Address P.O. Box 11091

City  
ChattanoogaState  
TNZip Code  
37401Purpose of Disbursement  
2018 Primary

011

Candidate Name

**Fleischmann, Charles, J., ,**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District: 03

FEC Identification Number

**C** C00461822**Transaction ID : F2E6E63FBA**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Hudson For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2017

Mailing Address PO Box 5053

City  
ConcordState  
NCZip Code  
28027Purpose of Disbursement  
2018 Primary

011

Candidate Name

**Hudson, Richard, Lane, , Jr.**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 08

FEC Identification Number

**C** C00504522**Transaction ID : 5A356F7C13F**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Kyrsten Sinema For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2017

Mailing Address PO Box 25879

City  
TempeState  
AZZip Code  
85285Purpose of Disbursement  
2018 Primary

011

Candidate Name

**Sinema, Kyrsten, , ,**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: AZ District: 09

FEC Identification Number

**C** C00508804**Transaction ID : C131FE11E6**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**America's Health Insurance Plans PAC (America's Health Insurance Plans PAC)**

Full Name (Last, First, Middle Initial)

**A. New Democrat Coalition PAC**Mailing Address 700 13Th Street, NW  
Suite 600City  
WashingtonState  
DCZip Code  
20005Purpose of Disbursement  
2017 Contribution

011

Category/  
Type

Candidate Name

**New Democrat Coalition PAC**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2017

☐ Primary ☐ General  
☒ Other (specify) ▼

State:

District:

Contribution

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	1	7		

FEC Identification Number

**C** C00409730**Transaction ID : 2DD7C61A73**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Pallone For Congress**

Mailing Address PO Box 3176

City  
Long BranchState  
NJZip Code  
07740Purpose of Disbursement  
2018 Primary

011

Category/  
Type

Candidate Name

**Pallone, Frank, , , Jr.**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify)

State: NJ

District: 06

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	1	7		

FEC Identification Number

**C** C00226928**Transaction ID : 0DEFB43B98**

Amount of Each Disbursement this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Walden For Congress**

Mailing Address PO Box 1091

City  
Hood RiverState  
ORZip Code  
97031-0037Purpose of Disbursement  
2018 Primary

011

Category/  
Type

Candidate Name

**Walden, Gregory, Paul, ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: OR

District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	1	7		

FEC Identification Number

**C** C00333427**Transaction ID : 2435AB10B3**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

11000.00

**TOTAL** This Period (last page this line number only)..... ►

26000.00